

Date Received _____ Amt \$ _____ Check # _____
Received By _____ Receipt # _____



Austin/Travis County Health & Human Services Department
Public Health & Community Services Division
Environmental & Consumer Health Unit
P.O Box 1088 Austin, TX 78767
Phone (512) 978-0300 Fax (512) 978-0322
<http://www.ci.austin.tx.us/health/commercial.htm>



Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (No Mail Accepted here)

Food Enterprise Certificate of Occupancy Inspection Application

➤ Inspections will not be conducted until fees have been paid and this form has been completed.

1. Contact Person for Inspections: _____ Phone: _____

2. Establishment Name: _____

3. Establishment Address: _____
Street Unit City State Zip Code

4. Establishment Owner: _____ Phone : _____

5. _____ New Construction OR _____ Remodel

6. _____ Initial Inspection OR _____ Re-Inspection

7. Building Permit #: _____

8. Projected Opening Date: _____

City of Austin and Contracted Municipalities

\$125 Inspection Fee for each inspection conducted
\$100 additional fee for expedited inspections and
inspections conducted outside of normal working hours.

Travis County

no fees

No refunds for any reason after 180 days from receipt of payment.

Fee payable to Austin-Travis County Health and Human Services Department (ATCHHSD) Mail to:
ECHU Certificate of Occupancy • P.O. Box 1088 Austin, TX 78767